

Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2005 calendar year, or tax year beginning **JAN 1**, 2005, and ending **DEC 31**, 2005

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization: **SIHANOUK HOSPITAL**
 Number and street (or P O box if mail is not delivered to street address) Room/suite: **353 W. LANCASTER AVE 200**
 City or town, state or country, and ZIP + 4: **WAYNE, PA 19087**

D Employer identification number: **23-2910347**

E Telephone number: **610-254-8800**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ **WWW.HOPEWW.ORG**

J Organization type (check only one) ▶ 501(c)() ◀ (insert no) 4947(a)(1) or 527

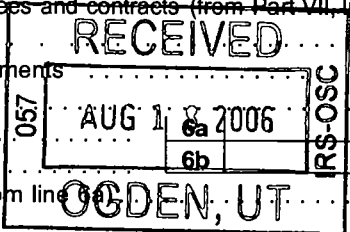
K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **21,939,310**

H and I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list See instructions)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ **N/A**
M Check ▶ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)			
1	Contributions, gifts, grants, and similar amounts received:		
a	Direct public support	1a	21,925,300
b	Indirect public support	1b	
c	Government contributions (grants)	1c	
d	Total (add lines 1a through 1c) (cash \$ <u>4,074,102</u> noncash \$ <u>17,739,893</u>)	1d	21,925,300
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	8,746
3	Membership dues and assessments	3	0
4	Interest on savings and temporary cash investments	4	5,227
5	Dividends and interest from securities	5	0
6a	Gross rents	6a	0
b	Less: rental expenses	6b	0
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0
7	Other investment income (describe ▶ N/A)	7	0
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	0 8a	0
c	Gain or (loss) (attach schedule)	0 8b	0
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	0 8c	0
8d			0
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
a	Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	9a	0
b	Less: direct expenses other than fundraising expenses	9b	0
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0
10a	Gross sales of inventory, less returns and allowances	10a	0
b	Less: cost of goods sold	10b	0
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0
11	Other revenue (from Part VII, line 103)	11	37
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	21,939,310
13	Program services (from line 44, column (B))	13	20,727,474
14	Management and general (from line 44, column (C))	14	722,092
15	Fundraising (from line 44, column (D))	15	18,158
16	Payments to affiliates (attach schedule)	16	0
17	Total expenses (add lines 13 and 14, column (A))	17	21,467,724
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	471,586
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,509,419
20	Other changes in net assets or fund balances (attach explanation) SCHEDULE 1	20	(12,064)
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,968,941

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Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) . . . (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	1,257,885	1,111,701	146,185
27	Pension plan contributions	27			
28	Other employee benefits SCHEDULE 2	28	29,005	26,472	2,533
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	18,936		18,936
32	Legal fees	32			
33	Supplies	33	18,346,468	18,294,872	51,597
34	Telephone	34	63,744	56,644	7,100
35	Postage and shipping	35	28,975	28,975	
36	Occupancy	36	125,186	125,186	
37	Equipment rental and maintenance	37	65,917	65,917	
38	Printing and publications	38	11,782	5,891	5,891
39	Travel	39	100,943	69,156	31,787
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	199,425	182,022	17,403
43	Other expenses not covered above (itemize):				
a	SCHEDULE 3	43a	1,219,458	760,638	440,660
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	21,467,724	20,727,474	722,092
					18,158

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? . Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ N/A; (ii) the amount allocated to Program services \$ _____ N/A;
 (iii) the amount allocated to Management and general \$ _____ N/A, and (iv) the amount allocated to Fundraising \$ _____ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SCHEDULE 4	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a <u>HOSPITAL, PATIENT CARE & TRAINING: AN EQUIPPED AND STAFFED HOSPITAL IN PHNOM PENH, CAMBODIA PROVIDED 24 HOUR OUT-PATIENT CARE AND TREATED AROUND 91,662 PATIENTS. ABOUT 150 CAMBODIAN PHYSICIANS, NURSES, AND OTHER MEDICAL STAFFS AT SHCH RECEIVED CONTINUED TRAINING IN 2005</u> _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	19,886,991
b <u>HIV/AIDS COMMUNITY & ARVT PROGRAM SHCH PROVIDED TREATMENT & VISITATIONS TO 15,478 HIV/AIDS PATIENTS. THE TOTAL NUMBER OF CAMBODIAN PEOPLE THAT WERE EDUCATED ABOUT HIV/AIDS WERE 25,084.</u> _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	840,483
c _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d _____ _____ _____ _____ (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	20,727,474

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	899,015	45	1,275,307
	46 Savings and temporary cash investments	198,877	46	403,459
	47a Accounts receivable	47a 104,238		
	b Less: allowance for doubtful accounts ..	47b 0	155,976	47c 104,238
	48a Pledges receivable	48a 239,821		
	b Less: allowance for doubtful accounts ..	48b 0	207,196	48c 239,821
	49 Grants receivable	28,241	49	64,909
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	0	50	0
	51a Other notes and loans receivable (attach schedule) SCHEDULE 5	51a 13,702		
	b Less: allowance for doubtful accounts ..	51b 0	3,047	51c 13,702
	52 Inventories for sale or use	0	52	0
	53 Prepaid expenses and deferred charges	37,046	53	56,801
	54 Investments—securities (attach schedule) ..	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54 0
	55a Investments—land, buildings, and equipment: basis	55a 0		
	b Less: accumulated depreciation (attach schedule)	55b 0	0	55c 0
56 Investments—other (attach schedule)	0	56	0	
57a Land, buildings, and equipment: basis ..	57a 2,256,834			
b Less: accumulated depreciation (attach schedule) SCHEDULE 6	57b 1,177,525	1,166,454	57c 1,079,309	
58 Other assets (describe ► <u>INVENTORY - SUPPLIES</u>)		2,597,569	58 2,610,367	
59 Total assets (must equal line 74). Add lines 45 through 58.		5,293,421	59 5,847,913	
Liabilities	60 Accounts payable and accrued expenses	784,002	60	878,972
	61 Grants payable	0	61	0
	62 Deferred revenue	0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64a Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b Mortgages and other notes payable (attach schedule)	0	64b	0
	65 Other liabilities (describe ► _____)		0	65 0
66 Total liabilities. Add lines 60 through 65.		784,002	66 878,972	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	4,196,256	67	4,476,947
	68 Temporarily restricted	313,163	68	491,994
	69 Permanently restricted	0	69	0
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund ..		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) ...		4,509,419	73 4,968,941	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		5,293,421	74 5,847,913	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b <u> </u> N/A			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members	N/A	
85d	Section 162(e) lobbying and political expenditures	N/A	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	0	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
86b	b Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	N/A	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ <u> </u> 0; section 4912 ▶ <u> </u> 0; section 4955 ▶ <u> </u> 0		
89b	b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u> </u> 0		0
89d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ <u> </u> 0		0
90a	List the states with which a copy of this return is filed ▶ <u> </u> PENNSYLVANIA		
90b	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	0	
91a	The books are in care of ▶ <u> </u> SIHANOUK HOSPITAL CORPORATION Telephone no. ▶ <u> </u> 610-254-8800 Located at ▶ <u> </u> 353 W. LANCASTER AVE 200, WAYNE PA ZIP + 4 ▶ <u> </u> 19087		
91b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
If "Yes," enter the name of the foreign country ▶ <u> </u> CAMBODIA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
91c	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ <u> </u> CAMBODIA	X	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <u> </u> 92 <u> </u> N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a CONSULTING FEES					8,746
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	5,228	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a POSTCARD SALES					37
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		5,228	8,783
105 Total (add line 104, columns (B), (D), and (E))					14,011

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	Deutsche Gesellschaft fur Technische Zusammenarbeit (GTZ) GmbH anesthesia training for nurses. Care Cambodia for capacity building of clinicians at Mongkul Borei Referral Hospital in HIV/AIDS opportunistic infections, antiretroviral therapy, and clinic development.. These projects correspond to the organization's exempt purpose.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 - (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
- Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Robert F. Gempel Date: 8/15/06

ROBERT F. GEMPEL SECRETARY / TREASURER

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed

Preparer's SSN or PTIN (See Gen Inst W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____

EIN: _____

Phone no: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005

Department of the Treasury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Name of the organization SIHANOUK HOSPITAL	Employer identification number 23-2910347
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ... ▶				

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HOPE WORLDWIDE LTD. 353 W. LANCASTER AVE 200, WAYNE PA 19087	PROFESSIONAL/MANAGEMENT	806,913
Total number of others receiving over \$50,000 for professional services ▶		0

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
N/A		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above, or **(2)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) . . .	4,116,568	3,264,707	1,981,519	2,204,573	11,567,367
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,028	2,779	7,921	24,996	38,724
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	4,119,596	3,267,486	1,989,440	2,229,569	11,606,091
24 Line 23 minus line 17	4,119,596	3,267,486	1,989,440	2,229,569	11,606,091
25 Enter 1% of line 23	41,196	32,675	19,894	22,296	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 232,122
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 0
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 11,606,091
d Add: Amounts from column (e) for lines: 18 <u>38,724</u> 19 <u>0</u> 22 <u>0</u> 26b <u>0</u> ▶					26d 38,724
e Public support (line 26c minus line 26d total) ▶					26e 11,567,367
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 99.67%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2004) <u>N/A</u> (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u>					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) <u>N/A</u> (2003) <u>N/A</u> (2002) <u>N/A</u> (2001) <u>N/A</u>					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c _____
d Add: Line 27a total _____ and line 27b total _____ ▶					27d _____
e Public support (line 27c total minus line 27d total) ▶					27e _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table— <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">If the amount on line 40 is—</td> <td style="width: 50%;">The lobbying nontaxable amount is—</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000 .</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is—	The lobbying nontaxable amount is—	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000 .	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is—	The lobbying nontaxable amount is—														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000 .	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h .)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Sihanouk Hospital Corporation
IRS form 990 Supporting Schedules
Fiscal Year Ending December 31, 2005**

Schedule 2

Form 990, Part II, Line 28 & Part VI, Line 90b

Other employee benefits & Number of employees

There are no foreign employees working in the United States nor any U.S. citizens working in the Corporation. The other employee benefits refer to foreign employees working in Cambodia.

Sihanouk Hospital Corporation
IRS Form 990 Supporting Schedules
Fiscal Year Ending December 31, 2005

Schedule 3

Form 990, Part II, Line 43a
Other Expenses

Description	Total	Program Services	Mangmnt & General	Fundraising
Contract Managements Services	\$818,914	\$458,705	\$344,119	\$16,090
Foreign Taxes (Cambodia)	\$96,542	\$71,990	\$24,552	
Housing	\$86,244	\$48,350	\$37,894	
Education/Training	\$44,040	\$21,102	\$22,938	
Relocation	\$50,223	\$46,823	\$3,400	
Building Renovation/Improvements	\$0	\$0		
Loss on disposal of fixed assets	\$31,715	\$31,715		
Warehouse Costs	\$52,545	\$52,545		
Promotions	\$2,068			\$2,068
Professional/Compliance Fees	\$15,518	\$15,518		
Insurance	\$7,759		\$7,759	
Bank Charges	\$2,424	\$2,424		
Miscellaneous	\$11,467	\$11,467		
	\$1,219,459	\$760,639	\$440,662	\$18,158

**Sihanouk Hospital Corporation
IRS Form 990 Supporting Schedules
Fiscal Year Ending December 31, 2005**

Schedule 4

Form 990, Part III

Organization's Primary Exempt Purpose

Sihanouk Hospital Corporation is a tax exempt organization whose purpose is to provide a center for the further education and clinical training of medical professionals while delivering 24 hour high quality, free medical care for the poor and needy of Cambodia.

Sihanouk Hospital Corporation
 IRS Form 990 Supporting Schedules
 Fiscal Year Ending December 31, 2005

Schedule 5

Form 990, Part IV, Line 51a
Loan Receivable

Sihanouk Hospital Center of HOPE
 Transaction Detail by Account
 January through December 2005

Description		Amount in US\$
Dr Hor Chantha, he will pay back after he come back from French	Loan	\$450
Hang Sisowath's loan remaining, from \$500	Loan	\$264
Nhem Sokha, loan remaining from \$1000	Loan	\$260
Phal Vandy's loan remaining from \$1,008	Loan	\$420
Ny Sophan's loan remaining from \$567	Loan	\$231
Samnth Soksan's loan remaining from \$384	Loan	\$160
Sao Sina's loan remaininng from \$483	Loan	\$243
Kim Vichet's loan remaininng from \$517	Loan	\$259
Han Dara's loan remaining from \$350	Loan	\$200
Hun Sanm's loan remaining from \$321	Loan	\$186
Mao Chan Pov's loan remaining from \$300	Loan	\$175
Moeng Dara's loan remaining from \$441	Loan	\$293
Heng Sokha's loan remaining from \$500	Loan	\$377
Oeung Samol's loan remaining from \$500	Loan	\$377
Chea Sophea's loan remaining from \$500	Loan	\$418
Tep Kimsour's loan remaining from \$480	Loan	\$384
Iem Sophorn's loan remaining from \$978	Loan	\$896
Pin Simrong's loan remaining from \$150	Loan	\$150
San Sivutha	Advance	\$100
Rath Roneth	Advance	\$110
Seng Chantu	Advance	\$150
Oeun Chanthy	Advance	\$150
Houn Mony	Advance	\$160
Kim Vichet	Advance	\$170
Son Daly	Advance	\$200
Hong Song	Advance	\$230
Hong Song	Advance	\$230
Tea Sok	Advance	\$245
Khun Mala	Advance	\$265
Mao Kennnth	Advance	\$300
Sok Khun	Advance	\$325
San Samol	Advance	\$331
Sophoan	Advance	\$336
Ly Sosekha	Advance	\$416
Bab Em	Advance	\$435
Khaim Samphas	Advance	\$440
Hang Chanseth	Advance	\$495
Teav Syna	Advance	\$862
Un Phally	Advance	\$1,200
Other Cash Advances	Advance	\$809
GL 1087 & 1103 TOTAL		\$13,702

Sihanouk Hospital Corporation
IRS Form 990 Supporting Schedules
Fiscal Year Ending December 31, 2005

Schedule 7

Form 990, Part IV, A & B
Reconciliation of Revenue & Expenses per Audited Statements

The difference per the audited financial statements and Part I of the form 990 is \$12,064 due to loss on currency exchanges described in Schedule 1. This loss on currency exchange is showing in the revenue section of the audited financial as a reduction in other income. Because this is not a gain, this loss is being reported in line 20 of the form 990 which is the net assets section not the revenue section. Please note that this does not effect the change in net assets of \$459,522 for fiscal year 2005.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ▶
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time—Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only ▶
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization Sihanouk Hospital	Employer identification number 23 : 2910347
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 353 W. Lancaster Avenue, Suite 200	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Wayne, PA 19087	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **HOPE worldwide; 353 W. Lancaster Ave., Suite 200; Wayne, PA 19087**

Telephone No. ▶ (610) 254-8800 FAX No. ▶ (610) 254-8989

- If the organization does **not** have an office or place of business in the United States, check this box ▶
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the **whole** group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until 15 August , 2006 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 2005 or
 ▶ tax year beginning _____ , 20____ , and ending _____ , 20____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.